

Application or Docket Number

Substitute for Form PTO-875

Application or Docket Number
10-725,744

(Column 1)

(College 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

Column 1		Column 2	SMALL ENTITY		OR	SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.18(a), (b), or (c))							
SEARCH FEE (37 CFR 1.18(k), (l), or (m))							
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.18(j))	minus 20 =	*	X	=		X	=
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X	=		X	=
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL			TOTAL	

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

Of

OTHER THAN
SMALL ENTITY

AMENDMENT A						SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		SMALL ENTITY
Total (37 CFR 1.16(e))	" 20	Minus	** 20	= —		X =		OR	X =
Independent (37 CFR 1.16(h))	" 3	Minus	*** 3	= —		X ** =		OR	X =
Application Size Fee (37 CFR 1.16(s))								OF	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OF	
						TOTAL APPLIC FEE		OF	TOTAL ADD'L FEE
(Column 1) (Column 2) (Column 3)									
AMENDMENT B									
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		
Total (37 CFR 1.16(e))	"	Minus	**	=		X =		OF	X =
Independent (37 CFR 1.16(h))	"	Minus	***	=		X =		OF	X =
Application Size Fee (37 CFR 1.16(s))								OF	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OF	
						TOTAL APPLIC FEE		OF	TOTAL ADD'L FEE

* If the column contains more than one entry, enter the highest number.

* If the entry in column 1 is less than the entry in column 2, write 1 in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 21, enter:

... If the "Highest Number Previously Paid For IN THIS SPACE" is less than 3, enter:

The "Highest Number Previously Paid For" (Total or Independently) is the highest number found in the appropriate box in the collection of information is covered by the GDS.

This collection of information is required by 37 CFR 1.61. The information is required to determine if you are eligible to file a patent application with the USPTO to process an application. Confidentiality is governed by 37 U.S.C. 182 and 37 C.F.R. 1.60. This code has no effect on your ability to complete, including gathering, preparing, and submitting the completed application to the USPTO. There will be no dependence upon this code for processing. Any comments on the amount of time you require to complete this form and/or suggestions regarding the format or content should be sent to the Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. E-mail: PTO@USDOCOM. FAX: 703/295-1005. PATENT ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria VA 22313-1450.

if the upper assistance is $m = 0$, the robot is $\dot{\theta} = \dot{\theta}_0$ and $\ddot{\theta} = \ddot{\theta}_0$.